IPDR6702 RIN DATE:	09/17/2007		TPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAG	E: 1	
				MECKWRITE DATE: 09/18/2007				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	H/DD/SAS			NI BODGET				
		8800	11	FURTHER PROCESSING NECESSARY,	(65	78	13
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8535	9	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
3404904	WESTERN HIGHLAN	3411	1047	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	DS LME			BENEFIT SERVICES ON OR AFTER D				
		11	48	CLIENT NOT ELIGIBLE ON SERVICE	(1165	6729	5564
				DATE				
	+							
		8534	12	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
2404010		11	0.5	OLIDAT MOT BLIGIDLE ON CONTROL				
3404910	PATHWAYS	11	85	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		5404	8	SEVERE DUPLICATE: SAME ATTD PR	(119	2533	2414
				OV/PCODE/TOS/DOS/MOD				
		5308	6	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				
3404912	CATAWBA COUNTYM	8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8000	53	NO RATE AVAILABLE ON FILE TO P	(166	3716	3550
				RICE THIS CLAIM DETAIL				
		143	20	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404913	MECKLENBURG COM	8505	5154	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT							
		8800	2509	FURTHER PROCESSING NECESSARY,	(8553	8897	344
	1	1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1		
				CAUSE DE S.	1	1	1	
		21	485	DUPLICATE OF CLAIM-SYSTEM	1			
3404916	CROCCROADS PRITS	8505	68	CLAIM DENIED DUE TO INSUFFICIE				
	CROSSROADS BEHA VIORAL HEAL			NT BUDGET				
		8800	41	FURTHER PROCESSING NECESSARY,	(153	1915	1762
	+			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	+			AND MA				
			18	THIS SERVICE IS NOT PAYABLE TO				
		79		YOUR SUBMITTED BILLING				
		79						1
		79		PROVIDER TYPE AND SPECIALTY IN				
3404917			116	PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM AN SERVICES	8599	116					
3404917	CENTERPOINT HUM AN SERVICES		116	PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT				
3404917		8599		PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917			116	PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE		333	2785	2454
3404917		8599		PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	(331	2785	2454
3404917		8599		PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	(331	2785	2454
3404917		8599		PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	(331	2785	2454
3404917		8599	59	PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	() 331	2785	2454

							TOTAL	TOTAL
PROVIDER NUMBER	ppowrpup w	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	1628	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	299	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	2056	2087	31
				FUTURE RA'S.				
		11	111	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404920	ALAMANCE CASWEL	11	48	CLIENT NOT ELIGIBLE ON SERVICE				
	L AREA MH D			DATE				
		79	15	THIS SERVICE IS NOT PAYABLE TO	0	80	1923	1843
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		5404	11	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
				OV/PCODE/103/BOS/ROD				
3404921	ORANGE PERSON C HATHAM AREA	11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	51	DUPLICATE OF CLAIM-SYSTEM	0	241	4544	4303
					0	241	4544	*303
		8599	38	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8599	275	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				AMERICA A PROGRAMA.				
		8950	84	CLIENT ONLY ENROLLED IN TRACKI	6	417	11117	10700
				NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP				
		8622	29	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404923		8505	1053	CLAIM DENIED DUE TO INSUFFICIE				
3404923	FIVE COUNTY MH	8505	1053	NT BUDGET				
		8800	81	FURTHER PROCESSING NECESSARY,	0	1212	2703	1491
				PLEASE CHECK FOR CLAIM ON		1212	2703	1171
				FUTURE RA'S.				
		11	57	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404925	SANDHILLS CENTE	8505	9195	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	910	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	16	10561	10685	124
				FUTURE RA'S.				
		E404	0.1	SEVERE DUPLICATE: SAME ATTD PR				
		5404	91	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404926	COUTURACTERS OF	8800	62	FURTHER PROCESSING NECESSARY,				
	SOUTHEASTERN RE G MENTAL HL			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	55	DETAIL NOT COVERED BY COMBINAT	2	316	2221	1905
				ION OF RECIPIENT, PROVIDER AND	-	520	2222	
				BENEFIT PACKAGE.				
		191	40	CLIENT ID NUMBER DOES NOT MATC				
-				H PATIENT NAME				
3404927	CUMBERLAND CO M	8599	70	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	28	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	106	1513	1407
		0505	2	CLAIM DENIED DUE TO INSUFFICIE				
		8505	3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
			-					l

PROVIDER HIGH DENIAL NUMBER OF THE TOTAL CLAIMS O								moma r	momar
The content will be compared by the content of th	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
March Marc	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				PAID
March Marc	2404020		0.537	2	PROGRAMME TO MOST PANADADA POD M				
			0537	3					
1		MNID HBIRC							
1									
NAME 1997			21	1	DUPLICATE OF CLAIM-SYSTEM	0	4	11	7
NAME 1997									
NAME 1997									
1			11	21					
100001 1		BILLING OF							
100001 1									
100931 1000000 1000000 1000000 1000000 10000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 10000000 100000000			21	7	DUPLICATE OF CLAIM-SYSTEM	3	36	427	391
100931 1000000 1000000 1000000 1000000 10000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 10000000 100000000									
100931 1000000 1000000 1000000 1000000 10000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 1000000 10000000 100000000									
1			8931	3					
100 100									
100 100									
1544 G			11	91					
100 100		R FOR MH/DD							
100 100									
			8564	45		0	217	422	205
0. CLIEFY ARE VOLUME OF FOR 1									
0. CLIEFY ARE VOLUME OF FOR 1									
104914 005L0W CATERET 1535 157 1500CCCC 1500CCCCC 1500CCCC 1500CCCCC 1500CCCC 1500CCCCC 1500CCCCCC 1500CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC			10	25					
100014 000000 CANTEST 1015 10									
MARKET MALE									
			8535	387					
102 103 100 MAR ATTROPTING TO ADMITY A 0 697 1461	 	BEHAV HEAL							
CASH TRAY IS STREAM FOR					PARTITION AND VANIENT TAIR				
			4102	63		0	697	1661	964
100 OF RECIPIENT, PROVIDER AND 1					FOORD ON OOK FILE OR 13 NOT FO				
			8599	58					
SHALTH CTR					BENEFIT PACKAGE.				
MAAATH CTR	3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
1404937 THE BRACON CENT 0 0 0 0 0 0 0 0 0									
1404937 THE BRACON CENT 0 0 0 0 0 0 0 0 0	ļ								
1404937 THE BRACON CENT 0 0 0 0 0 0 0 0 0			0	0		0	0	0	0
SE S						-			
## BEACON CENT 79 1 THIS SERVICE IS NOT PAYABLE TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2404026				AAAA NG DAWA WG DUDODW AAA				
1404937 THE BEACON CENT 79 1 THIS SERVICE IS NOT PAYABLE TO 1 THIS SERVICE IS			U	U	NO DATA TO REPORT				
1404937 THE BEACON CENT 79 1 THIS SERVICE IS NOT PAYABLE TO		ER.							
1404937 THE BEACON CENT 79 1 THIS SERVICE IS NOT PAYABLE TO									
YOUR SUMMITTED BILLING			0	0		0	0	0	0
YOUR SUMMITTED BILLING									
	3404937	THE BEACON CENT	79	1					
		ER							
1404939 EAST CAROLINA B 8599 64 DETAIL NOT COVERED BY COMBINAT					PROVIDER TIPE AND SPECIALITY IN				
SHAYIORAL H			0	0		0	1	3004	3003
SHAYIORAL H									
SHAYIORAL H	3404939	PAST CAROLINA B	8599	64	DETAIL NOT COVERED BY COMBINAT				
			<u> </u>		ION OF RECIPIENT, PROVIDER AND				
LID. VERIFY AND ENTRE THE	<u> </u>								
LID. VERIFY AND ENTRE THE			27	48	DIAGNOSIS CODE MISSING OR INVA	-	400	46.5	1671
						0	189	1860	1671
DATE									
DATE DATE DATE	-		11	37	CLIENT NOT ELIGIBLE ON SEPURCE				
3404941 EAST CAROLINA B 0 0 0 *** NO DATA TO REPORT *** BRAVIORAL H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				~ *					
ERNYTORAL H 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0									
ERNYTORAL H 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0	2404041			0	*** NO DATA TO DEDORT ***				
0				-	NO DRIM TO REPORT				
3404942 EAST CAROLINA B									
3404942 EAST CAROLINA B									
EMAVIORAL H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			U	U		0	0	0	0
EMAVIORAL H O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
			0	0	*** NO DATA TO REPORT ***				
3404943 ALBEMARLE MENTA 3411 46 PROVIDER TYPE AND SPECIALTY 07 L HEALTH CE 4/11 CANNOT BILL ENBANCED BENEFIT SERVICES ON OR AFTER D 6599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705 100 OF RECIPIENT, PROVIDER AND 9ENEFIT PACKAGE.	<u> </u>	EHAVIORAL H							
3404943 ALBEMARLE MENTA 3411 46 PROVIDER TYPE AND SPECIALTY 07 L HEALTH CE 4/11 CANNOT BILL ENBANCED BENEFIT SERVICES ON OR AFTER D 6599 29 DETAIL NOT COVERED BY COMBINAT 4 174 1705 100 OF RECIPIENT, PROVIDER AND 9ENEFIT PACKAGE.									
L HEALTH CE			0	0		0	0	0	0
L HEALTH CE						_	_		
L HEALTH CE	3404943	AT DOMANT	3411	46	PROVIDER TYPE AND SEPCIALTY AT				
SENEFIT SERVICES ON OR AFTER D				-					
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 143 24 CLIENT ID NUMBER NOT ON STATE									
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 143 24 CLIENT ID NUMBER NOT ON STATE			9599	20	DETAIL NOT COURDED BY COMPANY				
DENEFIT PACKAGE. 143 24 CLIENT ID NUMBER NOT ON STATE			0033	43		4	174	1705	1531
WARANAMA FAME			143	24					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8654	6	ONLY 16 UNITS ALLOWED PER DAY				
	N SERVICES			WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		8599	4	DETAIL NOT COVERED BY COMBINAT		0 18	3888	387
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	2	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM	8532	350	SUBMITTED BILLING PROVIDER IS				
	ENTAL HEALT			NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
		8535	144	SERVICE FACILITY LOCATION WAS		0 660	2432	177
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8599	132	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				ĺ